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UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 02/2015)				TRANSCRIPT ORDER Please use one form per court reporter. CJA counsel please use Form CJA24 Please read instructions on next page.							COURT USE ONLY DUE DATE:				
1a. CONTACT PERSON FOR THIS ORDER 2a. C				2a. CONTACT PHOI	. CONTACT PHONE NUMBER					3. CONTACT EMAIL ADDRESS					
1b. ATTORNEY NAME (if different) 2b. A				2b. ATTORNEY PHO	ATTORNEY PHONE NUMBER					3. ATTORNEY EMAIL ADDRESS					
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE)					5. CASE NAME						6. CASE NUMBER				
7. COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX) $ ightarrow$ \Box FTR						8. THIS TRANSCRIPT ORDER IS FOR: Carlon In forma pauperis (NOTE: Could be not use this form; use Formation in the carlon in the						ourt order for transcripts must be attached) Form CJA24.			
9. TRANSCRIPT	Γ(S) REQUESTED (S	Specify portio	n(s) and date(s) of proce	eding(s) for which	transcript is ı	requested), fo	ormat(s) & qua	intity and de	livery type:						
a. HEARING(S) (OR PORTIONS OF HEARINGS) b.					SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.)				d c. DELIVERY TYPE (Choose one per line)						
DATE	JUDGE (initials)	TYPE (e.g. CMC)	PORTION If requesting less than full hear specify portion (e.g. witness or t	PDF ing, (email)	TEXT/ASCII (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	DAILY (Next day)	HOURLY (2 hrs)	REALTIME	
				0	0	0	0	0	0	0	0	0	0	0	
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				0	0	0	0	0	0	0	0	0	0	0	
				0	0	0	0	0	0	0	0	0	0	0	
10. ADDITIONA	10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:														
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional). 11. SIGNATURE											DATE				
DISTRIBUTION: COURT COPY TRANSCRIPTION COPY ORDER RECE								CEIPT	PT □ ORDER COPY						